

# TENNESSEE BOARD OF PHARMACY



## PHARMACY TECHNICIAN REGISTRATION APPLICATION

Applicants for registration as technician shall, meet preliminary requirements, proof of which must first be filed with the Director of the Board under rules and regulations adopted by the Board.

Applicants for registration as technician must complete this application. The fee for Pharmacy Technician Registration is \$50.00. The Registration is renewable on a two year term as set forth in Rule 1140-1-.10 of the Tennessee Board of Pharmacy. All registered technicians shall display the technician's registration certificate at the primary pharmacy practice site.

*MAIL COMPLETED APPLICATION TO:*

DEPARTMENT OF COMMERCE AND INSURANCE  
TENNESSEE BOARD OF PHARMACY  
500 James Robertson Parkway, 2nd Floor  
Nashville, Tennessee 37243-1149  
Telephone (615) 741-2718

**APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION:**

Name Last First Middle

Street Number

(City) (State) (Zip Code)

Place of Birth City State Sex

Date of Birth (Month) (Day) (Year) (Social Security Number)

Home Phone No. \_\_\_\_\_

**VIOLATIONS**

Have you been convicted of a misdemeanor (except minor traffic offenses) including alcohol or drug related offenses (including marijuana or hallucinogens)? Yes ☐ No ☐

Have you been convicted of a felony? Yes ☐ No ☐

Are there **ANY** charges pending against you? Yes ☐ No ☐

DUI Yes ☐ No ☐

Drug Charges Yes ☐ No ☐

Charges of any kind in another state Yes ☐ No ☐

If yes, please explain below:

I, \_\_\_\_\_, do solemnly swear and affirm that I have personally completed this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

My Commission expires \_\_\_\_\_ .

\_\_\_\_\_  
(Notary Public)

Are you a citizen of the United States? YES ☐ NO ☐

### OTHER LICENSURE

Are or have you ever been you registered in any other state?

YES ☐ No ☐

If **yes**, list dates and states

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Employer Name

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Employer Address ` Street Apt. #

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City State Zip

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Employer Phone Number

DO NOT WRITE BELOW THIS LINE (FOR BOARD USE ONLY)

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Fee Schedule Effective **JANUARY 1, 2003**

Technician Registration Fee \$50.00

REGISTRATION NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DIRECTOR \_\_\_\_\_

**DO NOT ATTACH TECHNICIAN  
AFFIDAVIT --KEEP IN PHARMACY  
FILES.**

\* REGISTRATION *checks/money orders should be payable to Tennessee Board of Pharmacy.*

Pharmacy Technician rules require that you notify the Pharmacy Board Office as soon as possible of any changes in employer.